MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (93-C)

09965

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Cedar Street.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Cedar St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ida May Ballard

3. (b) Social Security Number

4. Sex: Female
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: John W. Ballard
Deceased
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Jan. 8 1883

8. AGE: Years 56 | Months 8 | Days 26 | If less than one day ____ hrs. ____ min.

9. Birthplace: Camb. Dor. Co. Md
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: Home
FATHER
12. Name: Joseph Hughes
13. Birthplace: Dor. Co. Md.
MOTHER
14. Maiden name: Mary E Humaine
15. Birthplace: Dor Co Md
16. Informant: Mrs. Louise Vaughn
Address: Cambridge Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 10 1939 (month) (day) (year)
Cemetery or crematory: Waugh Cemetery
Location: Cambridge Md
18. Funeral director: N. M. Gillair
Address: Cambridge Md.
19. 10-10 1939 (Date rec'd by registrar) John Meace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 6 1939, at 8:45 p M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 2 1939, to Oct 6 1939, and that I last saw her alive on Oct 6 1939.

Immediate cause of death	DURATION
Acute Cholecystitis	9-2-39
" Contentis	10-1-39
Due to	
Due to	
Other conditions: Chr. Myocarditis	1937
Auricular Fibrillation	1938

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE Carroll M St Clair M. D. ~~or other~~
Address Pine & Cedar Sts Date signed 10-7-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09966

CERTIFICATE OF DEATH

Reg. Dist. No. 10

1. PLACE OF DEATH:

County Dorchester

City or town Finchville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 75 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Federalsburg - Rural Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Finchville

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Margaret Ann Batson

3. (b) Social Security Number —

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	Colored	Widowed

6 (b) Name of husband or wife Jeremiah Batson

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March - 1864

8. AGE:

Years	Months	Days	If less than one day
75	7	—	____ hrs. ____ min.

9. Birthplace Dorchester County, Maryland

(Town, county, and state)

10. Usual occupation Housework

11. Industry or business Own Home

FATHER

12. Name Henry Batson

13. Birthplace Dorchester County, Maryland

MOTHER

14. Maiden name Millie Pinkett

15. Birthplace Dorchester County, Maryland

16. Informant Virgie Johnston

Address Federalsburg, Maryland, R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 20, 1939 (month) (day) (year)

Cemetery or crematory Cokesbury Cemetery

Location Near Reliance, Maryland

18. Funeral director J. J. Frampton & Son

Address Federalsburg, Maryland

19. Oct 19 — 1939 Chas. O. Hastings

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 17 1939, at 1 A. M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 10/ 1930, to 10/16 1939, and that I last saw h alive on 10/16 1939.

Immediate cause of death

Arteriosclerosis — DURATION 1930

Chronic Myocarditis — 1930

Due to Acute Cardiac dilatation — 1939

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

01 operations —

01 autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE W. K. Knotts

M. D. or other

Address Federalsburg, Md. Date signed 1/17/3[illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48)

09967

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH
County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. —
(If rural give LOCATION)
2(a) IF YETERAN, NAME WAR No —

3. (a) FULL NAME Helen Smith Beee —

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	married.

6 (b) Name of husband or wife John Beee —
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) — May 4 —

8. AGE:

Years	Months	Days	If less than one day
30	—	—	____ hrs. ____ min.

9. Birthplace Pennsylvania
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business Home —
FATHER 12. Name Mr Smith
13. Birthplace Washington Dc.
MOTHER 14. Maiden name Mrs Evans
15. Birthplace —
16. Informant Welfare Office
Address Cambridge, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/4/39 (month) (day) (year)
Cemetery or crematory Green Lawn Cemetery
Location Cambridge, Md.
18. Funeral director G S LeCompte
Address Cambridge Md

19. 10-4 (Date rec'd by registrar) 1939 John Meace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 1 1939, at 2 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 18. 1939. to Oct. 1. 1939.
and that I last saw her alive on Oct. 1, 1939

Immediate cause of death	DURATION
Adenocarcinoma uterus with generalized	?
Due to metastasis	
Due to	
Other conditions Secondary Anemia. Hemorrhage Uterine	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work?

23. SIGNATURE M D Evans M. D. or other
Address Cambridge Md Date signed 10/3/39

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STATE OF MARYLAND—CERTIFICATE OF DEATH

09968

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Dorchester — Registration Dist. No. 116

Village or City Cambridge — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. 3 mos. 10 ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Jasqueline Claire Brooks — If U. S. Veteran, specify WAR ____

(a) Residence: No. 15 Cedar St. St., ____ Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	white	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of ____

6. DATE OF BIRTH (month, day, end year) June 21-1939

7. AGE — Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ____

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Cambridge, Md. (State or country)

FATHER

13. NAME Wallace S. Brooks

14. BIRTHPLACE (city or town) Dor. Co. (State or country)

MOTHER

15. MAIDEN NAME Lorinia Raymond

16. BIRTHPLACE (city or town) Dor. Co. (State or country)

17. INFORMANT Wallace S. Brooks (Address) Cambridge, Md

18. BURIAL, CREMATION, OR REMOVAL Place Cambridge Date Oct 2, 19 39

19. UNDERTAKER Kenneth R. Thomas (Address) Cambridge, Md.

20. FILED Oct 2, 19 39 John Mace Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 1 (Day) 19 39 (Year)

22. I HEREBY CERTIFY That I attended deceased from Sept. 26, 1939, to Oct 1, 1939.

I last saw h[illegible] alive on Oct 1, 1939; death is said to have occurred on the date stated above, at 3:30 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Gastro-enteritis — Date of onset 9/24/39

Other Contributory Causes of importance:

Prematurity

Anemia

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19 ____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) [signature] M. D.

(Address) Cambridge, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

09969

Reg. Dist. No. 111

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Dorchester

City or town East New Market

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 15 yr

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State — County —

City or town — Ward No. —

(If outside city or town limits, write RURAL NEAR and give town)

Street No. —

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Eva Cheeseman

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Willie Cheeseman

6(c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) April 15 1883

8. AGE: Years 56 | Months 6 | Days — | If less than one day — hrs. — min.

9. Birthplace Penn (Town, county, and state)

10. Usual occupation House work

11. Industry or business

FATHER 12. Name John Birney

13. Birthplace Ireland

MOTHER 14. Maiden name Jane Tinsey

15. Birthplace Penn.

16. Informant Willie Cheeseman

Address East New Market

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 19 1939 (month) (day) (year)

Cemetery or crematory East New Market

Location Penn

18. Funeral director H. H. Willoughby

Address East New Market.

19. Oct 19 1939 (Date rec'd by registrar) H. E. Parker Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 — 16 — 1939, at 10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10/16th 1939, to 10/16 1939, and that I last saw h[illegible] alive on 10/16/39 19—

Immediate cause of death Acute Uraemia — DURATION —

Due to —

Due to —

Other conditions Chronic Bright's Disease

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE G Roger Myers M. D. or other

Address Hudson Md Date signed 10/18/39

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09970

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Dorchester

City or town Church Creek

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) native

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Church Creek Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. R. F. D

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James Cromwell, Jr.,

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	colored	Single

6 (b) Name of husband or wife none

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14 - 1939

8. AGE: Years | Months 3 | Days 19 | If less than one day hrs. min.

9. Birthplace Church Creek, Md.
(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER 12. Name James Cromwell

FATHER 13. Birthplace North Caroline

MOTHER 14. Maiden name Lydia Jackson

MOTHER 15. Birthplace Church Creek, Md

16. Informant James Cromwell

Address Church Creek, Md

17. Burial Date thereof Oct. 4th 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Taylors Island

Location Taylors Islands, Md.

18. Funeral director Dewey Stanley (Uncle)

Address Cambridge, Md

19. 10-3 1939 John Mace Jr.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 3rd 1939, at 4:30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

	DURATION
Immediate cause of death Pneumonia	
Broncho	1 wk
Due to Grippe	2 wks
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Jos. K. Shrives, Dep. Med. Exam. M.D. or other

Address Cambridge Md Date signed Oct 4/39

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09971

CERTIFICATE OF DEATH

Reg. Dist. No. 110

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Dorchester

City or town Hurlock - Rural
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 76 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Hurlock - Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Bobtown
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Charles Edward Dotson

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Widowed

B (b) Name of husband or wife Jane Dotson

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) January 1, 1863

8. AGE:

Years	Months	Days	If less than one day
76	9	28	____ hrs. ____ min.

9. Birthplace Dorchester County, Maryland
(Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business Farm

FATHER
12. Name No data
13. Birthplace

MOTHER
14. Maiden name No data
15. Birthplace

16. Informant Clinton Dotson
Address Hurlock, Maryland, R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof November 2, 1939 (month) (day) (year)

Cemetery or crematory Washington Colored Cemetery

Location Near Hurlock, Maryland

18. Funeral director J. J. Frampton and Son

Address Federalsburg, Maryland

19. Nov 2 1939 (Date rec'd by registrar) Chas. W. Hastings Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 29 1939, at 3 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10/23 1939, to 10/29 1939, and that I last saw h[e] alive on 10/27/39 1939

Immediate cause of death	DURATION
Lobar Pneumonia	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G Roger Myers M. D. or other

Address Hurlock Md Date signed 10/31/39

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09972

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dr Chester

City or town: Cambridge Rural
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: none County: —

City or town: — Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: (Fortus) Elzy

3. (b) Social Security Number: None

4. Sex: not determined

5. Color or race: white

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: —

6 (c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Oct 24-1

8. AGE: Years: — Months: 3 Days: — If less than one day: hrs. min.

9. Birthplace: Dr Chester Co. Rural
(Town, county, and state)

10. Usual occupation: none

11. Industry or business: —

FATHER
12. Name: Milton Elzy
13. Birthplace: Dr Chester Co. Md

MOTHER
14. Maiden name: Bessie S. Wroten
15. Birthplace: Dr Chester Co. Md

16. Informant: Mrs Milton Elzy

Address: Cambridge Md. R.F.D.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof: 10/24 1939
(month) (day) (year)

Cemetery or crematory: disposed of at home

Location: —

18. Funeral director: —

Address: —

19. 10-24 1939 John Mace Jr.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 24th 1939, at 4:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from on 10/24 1939, to 19

and that I last saw it dead on 19

Immediate cause of death: natural abortion at 3 months gestation

Due to: —

Due to: —

Other conditions: —

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: no

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: no Date of: —

Where did injury occur? — (City or town) — (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: — Injured at work? —

23. SIGNATURE: Guy Steele M.D.
M. D. or other

Address: Cambridge Md. Date signed: 10/24 39

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

09974

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Cambridge md
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

WITHIN CORPORATE LIMITS

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Glendon Alley
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Edna. gates

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	Colored	married

6 (b) Name of husband or wife Emerst gates

6(c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) June 20 1891

8. AGE:

Years	Months	Days	If less than one day
48	9	25	hrs. min.

9. Birthplace Harrington Dell
(Town, county, and state)

10. Usual occupation House work

11. Industry or business

FATHER
12. Name Edward Smith
13. Birthplace Patch ville md

MOTHER
14. Maiden name Grace Hicks
15. Birthplace Ballard mill

16. Informant Edward Smith
Address Cambridge md

17. Is dept (Burial, cremation, or removal. Which?) Date thereof 1939 (month) (day) (year)

Cemetery or crematory Harrington Dell

Location Harrington Dell

18. Funeral director Levin H Burgess

Address Cambridge md

19. 10-18 1939 John Mace jr.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 15 1939 at 7.30 am

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 13 1939 to Sept 15 1939 and that I last saw h alive on Sept 15 1939.

Immediate cause of death Cancer of Breast

DURATION

Due to Unknown

Due to

Other conditions None

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Thos L Collins M.D.
M. D. or other.
Address Cambridge Md Date signed Oct 16 39

RECEIVED
NOV 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (59)

09973

CERTIFICATE OF DEATH

Reg. Dist. No. 10

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Dorchester
City or town Federalsburg - Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 13 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Federalsburg - Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Preston Road
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Effie Parker Gambrill

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Romaine Gambrill
6(c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) April 17, 1873

8. AGE:

Years	Months	Days	If less than one day
66	6	4	____hrs. ____min.

9. Birthplace Sussex County, Delaware (Town, county, and state)
10. Usual occupation Housework
11. Industry or business Own Home

FATHER
12. Name John Majors
13. Birthplace Wicomico County, Maryland

MOTHER
14. Maiden name Mariah J. Parker
15. Birthplace Wicomico County, Maryland

16. Informant Romaine Gambrill
Address Federalsburg, Maryland, R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 23, 1939 (month) (day) (year)
Cemetery or crematory Hill Crest Cemetery
Location Federalsburg, Maryland

18. Funeral director J. J. Fountaine & Son
Address Federalsburg, Maryland

19. Oct 22 1939 (Date rec'd by registrar) Chas W Hastings Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 21 1939, at 1A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 20 1939 to Oct 21 1939 and that I last saw her alive on Oct 21 1939

Immediate cause of death	DURATION
Cerebral Hemmorhage	4 hrs
Due to Hypertension	
Due to Cirrhis - Vascular Renal disease	2 yrs
Other conditions Arteriosclerosis	

(Includo pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. E. Sermon M. D. or other
Address Federalsburg Md Date signed Oct. 21/39

RECEIVED
NOV 7 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (10)

CERTIFICATE OF DEATH

09975

Reg. Dist. No. 116

1. PLACE OF DEATH:
County: Dorchester
City or town: Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Cambridge Md. Hospital
Stay in hospital or inst. (yrs., or mos., or days): 1/2 day
Stay in this community (yrs., or mos., or days): 57-6-10
WITHIN CORPORATE LIMITS

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Dorchester
City or town: Cambridge R.F.D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Near Avery, Md.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Fred W. Bore

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Bessie Phillips Bore
6(c) If alive, give age: 50 years

7. Birth date of deceased (mo., day, yr.): May 29- 1882

8. AGE:

Years	Months	Days	If less than one day
57	6	10	____ hrs. ____ min.

9. Birthplace: Salem, Dor. Co.
(Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: Edgar D. Bore
13. Birthplace: Salem, Md.
MOTHER 14. Maiden name: Daisy Wilson
15. Birthplace: Salem, Md.
16. Informant: Mrs. Bessie P. Bore
Address: Cambridge, R.F.D.
17. Burial (Burial, cremation, or removal: Which?) Date thereof Oct 12-1939 (month) (day) (year)
Cemetery or crematory: East New Market Cem.
Location: East New Market, Md.
18. Funeral director: Kenneth R. Thomas
Address: Cambridge, Md.
19. 10 12 39 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 9 1939, at 5.15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 6, 1939, to Oct. 9 1939, and that I last saw him alive on Oct 9 1939.

Immediate cause of death	DURATION
Acute Myocardial Failure	1 day.
Due to Toxemia of Diphtheria	7 days
Primary Cause: Diphtheria. Q.M.S.R.	
Due to	

Death was not directly due to the diphtheria.
Other conditions: Patient got up out of bed and walked, before adequate control of the disease.
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other
Address: Cambridge Md. Date signed 10/10/39.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 4 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09976

(97)

1. PLACE OF DEATH

County Dorchester Registration Dist. No. 112

Village or City Vienna No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Payton B. Hodson If U. S. Veteran, specify WAR

(a) Residence: No. Peyton Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

MARIE LECOMPTE

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Hodson

6. DATE OF BIRTH (month, day, and year) Dec 9 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Eugene Hodson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Celeste Bromwell

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Payton Hodson (Address) Vienna

18. BURIAL, CREMATION, OR REMOVAL Place Vienna Date Oct 8, 1939

19. UNDERTAKER A. H. Kelley & Bro (Address) East New Market

20. FILED Oct 8, 1939 Elizabeth H. Insell, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 6 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1939, to Oct 6th, 1939

I last saw him alive on Oct 6, 1939, death is said to have occurred on the date stated above, at 3:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
General Paresis (senile)	
Arterio-sclerosis	
Hypostatic Pneumonia	

Other Contributory Causes of Importence:

Senile Paresis is meant; not general paralysis of the insane. C.H.P.

Name of operetion Date of

What last confirmed diagnosis? Was there an autopsy?

23. If death was due to externel causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. Rogers Myers M. D.

(Address) Vienna Md

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

SEE OTHER SIDE

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

OCT 13 1939

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

CORRECTION OF NAMES OF DECEASED AND WIFE AUTHORIZED BY LETTER FILED 10-19-39 under DR. MYERS. - L

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

09977

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge (If outside city or town limits, write RURAL NEAR and give town) — WITHIN CORPORATE LIMITS OF

Street address, hospital, or institution: Cambridge Maryland Hospital

Stay in hospital or inst. (yrs., or mos., or days): House

Stay in this community (yrs., or mos., or days): Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 303 Henry Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: (Still born) Baby Boy Horner

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife: None

6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): October 23rd 1939

8. AGE: Years: Still Born | Months | Days | If less than one day: None hrs. min.

9. Birthplace: Cambridge, Dorchester Co. (Town, county, and state)

10. Usual occupation: None Maryland

11. Industry or business: —

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden name: Bettie May Horner
15. Birthplace: Cambridge Md

16. Informant: Mrs M J Horner
Address: Cambridge Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof 10/24/39 (month) (day) (year)
Cemetery or crematory: Cambridge
Location: Cambridge Md

18. Funeral director: G S L Compton
Address: Cambridge Md

19. 10-24 1939 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 23 1939, at 6A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 23 1939, to October 23 1939, and that I last saw h— alive on Still born 19—.

Immediate cause of death	DURATION
Intrauterine asphyxia	2-3 days.
Due to (Eclampsia in the Mother?)	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of:

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): —

Means of injury: Injured at work?

23. SIGNATURE: Eldridge H. Wolff M.D. M. D. or other

Address: Cambridge, Md Date signed 10-28-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (131)

09978

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution Glenburn ave
Stay in hospital or inst. (yrs., or mos., or days) ✓
Stay in this community (yrs., or mos., or days) 25 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Glenburn ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Tilghman C. Hubbert

3. (b) Social Security Number ✓

4. Sex M
5. Color or race W
6. (a) Single, married, widowed, or divorced Widowed
8 (b) Name of husband or wife Amanda V. Sirman
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) 10-5-1848
8. AGE: Years 91 Months ✓ Days 10 If less than one day ____ hrs. ____ min.
9. Birthplace Williamsburg, Md (Town, county, and state)
10. Usual occupation Ret. Merchant
11. Industry or business General Merchandise
FATHER 12. Name Hooper Hubbert
13. Birthplace Maryland
MOTHER 14. Maiden name Annie Williams
15. Birthplace Maryland
16. Informant Edgar Hubbert
Address Cambridge Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 17, 1939 (month) (day) (year)
Cemetery or crematory Washington
Location Hurlock Md.
18. Funeral director S. S. Le Compte
Address Cambridge Md
19. 10-17 1939 (Date rec'd by registrar) John Meace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 15 1939, at 3.20 PM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1933 19__, to Oct 15 1939, and that I last saw h in alive on Oct 14 1939.
Immediate cause of death Uraemia — DURATION ✓ days
Due to Chronic Nephritis — 6 yrs.
Due to Chronic Prostatitis — 6 yrs
Other conditions arterio-sclerosis — 10 yrs.
Senility
(Include pregnancy within 8 months of death)
Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide no Date of none
Where did injury occur? none (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) none
Means of injury none Injured at work? none

23. SIGNATURE Gilbert E. Meehan M.D. M. D. or other
Address Cambridge Md Date signed 10-17-1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 4 1939
BUREAU V. S.

09979

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (200-b)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge, Rt # One
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Rural Rt # 1

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) native

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Rural # 1
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Boy Jackson

3. (b) Social Security Number

4. Sex: male

5. Color or race: colored

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: none

6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Sept. 17 - 1939

8. AGE: Years | Months | Days 15 | If less than one day ___ hrs. ___ min.

9. Birthplace Cambridge, Rt # 1
(Town, county, and state)

10. Usual occupation none

11. Industry or business —

FATHER
12. Name Albert Jackson
13. Birthplace Dorchester Co. Md.

MOTHER
14. Maiden name Grace C. Jackson
15. Birthplace Dor. Co. Md.

16. Informant Albert Jackson
Address Camb. Rt # 1. Md

17. Burial (Burial, cremation, or removal, Which?) Date thereof Oct. 2 - 1939 (month) (day) (year)

Cemetery or crematory Bucktown, Md

Location Cambridge, Rt # 1, Md.

18. Funeral director Albert Jackson (father)
Address Camb. Rt # 1

19. 10 - 2 - 39 19 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 2nd 1939, at 6:A.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from not at 19 all. 19

and that I last saw h alive on not at all. 19

Immediate cause of death
Cause, unknown. No more obtainable.
Cause unknown C.W.L.R.

Due to (No definite history obtainable)

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John Mace Jr. M.D.
M. D. or other

Address Cambridge Md. Date signed 10/2/39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13)

09980

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Dorchester Co
City or town Cambridge R-f-d 2
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: at Mrs Home
Stay in hospital or inst. (yrs., or mos., or days) Oct 29 1939
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Rural R.F.D # 2
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James M Jackson

3. (b) Social Security Number none

4. Sex: Male
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: of Mary Jackson
6(c) If alive, give age: 64 years
7. Birth date of deceased (mo., day, yr.): Sept 23 - 1863
8. AGE: Years: 76 Months: 1 Days: 6 If less than one day: hrs. min.
9. Birthplace: Dont know (Town, county, and state)
10. Usual occupation: farmer
11. Industry or business: no
FATHER 12. Name: Stephen Jackson
13. Birthplace: md
MOTHER 14. Maiden name: Rachequl Standley
15. Birthplace: md
16. Informant: Mary Jackson
Address: Cambridge r.f.d 2
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 1-1939 (month) (day) (year)
Cemetery or crematory: Bucktown
Location: Bucktown
18. Funeral director: Lewis H Bayne
Address: Cambridge md
19. 10-31 1939 (Date rec'd by registrar) John Meconkey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 29 1939, 1 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1 1939 to Oct 29 1939, and that I last saw him alive on Oct 29 1939.

	DURATION
Immediate cause of death: Pneumonia	3 days
Due to: Chronic Nephritis	1 yr.
Due to:	
Other conditions: none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work?

23. SIGNATURE: Gilbert Emerkin M.D.
Address: Cambridge md
M. D. or other
Date signed 10-31-1939

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BUREAU V. S.

09981

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (940)

County Dorchester Registration Dist. No. 111

Village or City Near Rhodesdale No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Mary E. Jackson If U. S. Veteran, specify WAR

(a) Residence: No. same St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of ~~Roland~~ Harold Jackson

6. DATE OF BIRTH (month, day, and year): Sept 11 1904

7. AGE: Years 35 | Months 10 | Days 28 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House work

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: John Johnson

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Kate Johnson

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Kate Johnson East New Market

18. BURIAL, CREMATION, OR REMOVAL

Place: East New Market Date: Oct 11, 1939

19. UNDERTAKER (Address): H. H. Willoughby East New Market

20. FILED: Oct 11, 1939 H. E. Parker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct. (Month) 9 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sow hon. Oct 8, 1939, to Only once, 19__

I last saw her alive on Oct 8, 1939, death is said to have occurred on the date stated above, at 8 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Angina Pectoris

Date of onset

Other Contributory Causes of Importance: —

Name of operation: none Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of Injury —, 19__

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) L. G. Frazier M. D.

(Address) Hillcrest Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09982

Reg. Diat. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Dorchester
City or town: Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 146A Washington St.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 25 yrs.

WITHIN CORPORATE LIMITS

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: County:
City or town: Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME ELSie Jews.

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	C	married.

6 (b) Name of husband or wife: Monroe Jews.
6(c) If alive, give age: about 35 years

7. Birth date of deceased (mo., day, yr.): Feb 12- 1903

8. AGE: Years	Months	Days	If less than one day
36	9	16	hrs. min.

9. Birthplace: Preston- Carolina Co. Md.
(Town, county, and state)
10. Usual occupation: maid.
11. Industry or business:
FATHER 12. Name: Silos Cuff
13. Birthplace: unknown.
MOTHER 14. Maiden name: Mary Bell
15. Birthplace: Easton Md.
16. Informant: Monroe Jews
Address: 146 a Washington st. Camb Md.
17. (Burial, cremation, or removal. Which?) Date thereof: Oct. 13-39 (month) (day) (year)
Cemetery or crematory: Cemetery.
Location: Cambridge md.
18. Funeral director: Lewis A. Henry.
Address: 222 Cedar St. Camb Md
19. 10-11 1939 John Mace Jr. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: OCTOBER 9 1939, at 6:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from JUNE 6 1939, to Oct. 9 1939, and that I last saw her alive on Oct. 9 1939.

Immediate cause of death	DURATION
METASTATIC ADENO- CARCINOMA.	
Due to ORIGIN: CERVICAL PORTION OF UTERUS.	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Ot operations:
Dt Biopsy. 7/5 ADENO- CARCINOMA.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: M. J. Lewis M. D. or Other
Address: Cambridge Md Date signed: 10/10/39

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BUREAU V. E.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09983

(158)

1. PLACE OF DEATH

County Dorchester Registration Dist. No. 116

Village or City Cambridge No. 12 Schoolhouse Lane St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 1 mos. 16 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Priscilla Eloise Johnson

(a) Residence: No. 12 Schoolhouse Lane St., Ward. None

(Usual place of abode) If nonresident give city or town and State

WITHIN CORPORATE LIMITS

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	colored	single

5e. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, dey, end yeer) Sept. 4, 1939

7. AGE	Yeers	Months	Deys	If LESS than 1 dey, hrs. or min.
	x	1	16	

OCCUPATION

8. Trede, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.

10. Oete deceased lest worked at this occupetion (month end yeer)

11. Total time (yeers) spent in this occupetion

12. BIRTHPLACE (city or town) Cambridge Preston

(Stete or country) Caroline Co. Maryland

FATHER

13. NAME Richard Henry

14. BIRTHPLACE (city or town)

(Stete or country) Maryland

MOTHER

15. MAIDEN NAME Susie Lee Johnson

16. BIRTHPLACE (city or town)

(Stete or country) Maryland

17. INFORMANT Susie Lee Johnson

(Address) 12 Schoolhouse Lane, Cambridge.

18. BURIAL, CREMATION, OR REMOVAL

Piece Cambridge, Md. Date Oct. 26, 1939

19. UNDERTAKER Lewis W. Layfield

(Address) Cambridge, Md.

20. FILED 10-26, 1939 John Meace Jr.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 20 (Day), 1939 (Yeer)

22. I HEREBY CERTIFY, Thet I attended deceased from x, 19, to x, 19

I lest saw h. x elive on x, 19; death is said to heve occurred on the dete steted ebove, at 11 P. m.

The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importence were es follows:

	Date of onset
Inanition, due to improper feeding.	

Other Contributory Causes of importance:

Neme of operation x Oete of

Whet test confirmed diegnosis? x Wes there en autopsy? no

23. If deeth was due to externel ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Oete of Injury, 19

Where did Injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury

Neture of injury

24. Was diseese or Injury in any wey releted to occupetion of deceased? no

If so, specify

(Signed) Jos. K. Shriver Dep. Med. Exam'r M. D.

(Address) Cambridge Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

09984

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(119)

CERTIFICATE OF DEATH

Reg. Dist. No. 115

1. PLACE OF DEATH:

County: Dorchester

City or town: Fishing Creek
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Fishing Creek Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: — near Dr. Meade —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: Ulman Lewis Jr.

(infant) 3. (b) Social Security Number: none

4. Sex: male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: X

OK

Born January 15, 1939 (A.W.M.)

(c) If alive give age years

7. Birth date of deceased (mo., day, yr.): October 15, 1939

8. AGE: Years: X Months: 9 Days: 11 If less than one day: hrs. min.

9. Birthplace: Fishing Creek, Maryland
(Town, county, and state)

10. Usual occupation: none

11. Industry or business: none

FATHER
12. Name: Ulman Lewis
13. Birthplace: Fishing Creek Md. NOVELLA (J.W.M.)

MOTHER
14. Maiden name: Hattie ~~Louise~~ Lewis
15. Birthplace: Fishing Creek, Md.

16. Informant: Ulman Lewis
Address: Fishing Creek, Md.

17. Burial
(Burial, cremation, or removal. Which?) Date thereof: 10/27/39 (month) (day) (year)

Cemetery or crematory: Home Cemetary

Location: Fishing Creek

18. Funeral director: Granville Le Compte

Address: Cambridge, Maryland

19. Oct 26 1939 (Date rec'd by registrar) James W. Meade Loc. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 10/26 1939, at 9 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 20 1939, to Oct 26 1939, and that I last saw him alive on Oct 26 1939.

Immediate cause of death: Diarrhea & Enteritis (under 2 years)

DURATION: 6 days

Due to: X

Due to: X

Other conditions: X

(Include pregnancy within 3 months of death)

Major findings:

Dt operations: X

Dt autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: X Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: James W. Meade M. D.
M. D. or other

Address: Fishing Creek Md. Date signed: Oct 26/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 7 1939
BUREAU M. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09985

1. PLACE OF DEATH

County Dorchester (93-C) Registration Dist. No. 116

Village or City Salem No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Issac W Lowe, If U. S. Veteran, specify WAR

(a) Residence: No. Salem St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary Lowe

6. DATE OF BIRTH (month, day, and year) May 3 1839

7. AGE: Years 100 | Months 5 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Deleware

FATHER

13. NAME William Lowe

14. BIRTHPLACE (city or town) (State or country) Del.

MOTHER

15. MAIDEN NAME Elizabeth Hearne

16. BIRTHPLACE (city or town) (State or country) Del.

17. INFORMANT (Address) Mrs William Layton Salem Md.

18. BURIAL, CREMATION, OR REMOVAL Place Dorchester Cem. near Cambridge Date Oct 23, 1939

19. UNDERTAKER (Address) H. H. Willoughby East New Market

20. FILED 10-23, 1939 John Mace Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 20. (Day), 1939 (Year)

22. I HEREBY CERTIFY That I ~~attended deceased from~~ Oct 15, 1939, to Oct 20, 1939

I last saw him alive on Oct 20, 1939; death is said to have occurred on the date stated above, at 7 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Senility	
Primary cause: Chronic myocarditis.	
Duration: Not stated. CWEA	
Patient remarked that he was tired, and died 24 hours later.	

Other Contributory Causes of Importance:

Accepted age: 106 years.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. F. Banks M. D.

(Address) Cambridge Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED NOV 4 1939 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09986

1. PLACE OF DEATH (46-C)

County Dorchester Registration Dist. No. 116

Village or City Cambridge Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Frank D. Marshall If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dora Hurst

6. DATE OF BIRTH (month, day, and year) Feb 17, 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) Vienna (State or country) Md.

FATHER

13. NAME Arthur Marshall

14. BIRTHPLACE (city or town) Vienna (State or country) Md.

MOTHER

15. MAIDEN NAME Eliza Willey

16. BIRTHPLACE (city or town) Vienna (State or country) Md.

17. INFORMANT Mrs Dora Marshall (Address) Cambridge Md

18. BURIAL, CREMATION, OR REMOVAL Place Cambridge Md Date Oct 8, 1939

19. UNDERTAKER Frank E. Albright (Address) Cambridge Md

20. FILED 10 - 7, 1939 John Pierce Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 5 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1939, to Oct. 5, 1939

I last saw him alive on October 5, 1939; death is said to have occurred on the date stated above, at 7:15 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Metastatic Adeno-carcinoma	?
Origin Descending Colon	

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] M. D.

(Address) [illegible] Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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1939-10-5-35
1882-2-17
5-7-7-18

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (Ph-2)

09987

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Dorchester

City or town Church Creek

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: ✓

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 30 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Dorchester

City or town Church Creek Ward No. ✓

(If outside city or town limits, write RURAL NEAR and give town)

Street No. ✓

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Sarah C Mackins

3. (b) Social Security Number ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Late Hugh C. Mackins

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 7-4-185-

8. AGE:

Years	Months	Days	If less than one day
87	-	27	hrs. min.

9. Birthplace Eastern Shore Md

(Town, county, and state)

10. Usual occupation Home -

11. Industry or business Home -

FATHER

12. Name Edward Sure

13. Birthplace Md

MOTHER

14. Maiden name Margret Dunnock -

15. Birthplace Md

16. Informant Mrs Chas Paul -

Address Cambridge Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/13/39 (month) (day) (year)

Cemetery or crematory Rehobeth -

Location Church Creek Md

18. Funeral director G S LeCompte

Address Cambridge Md

19. 10-13th 1939 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 11 1939, at 11:10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 5 1939 to Oct 11 1939, and that I last saw her alive on Oct. 11 1939.

Immediate cause of death Apoplexy — DURATION 7 Days

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE P. H. Travers M. D. or other

Address Cambridge Md Date signed Oct. 12. 1939

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09988

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 202 West End ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 38

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Mary Land County Dorchester

City or town Cambridge Ward No. 1

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 202 West End ave,

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Edward F. Mitchell

3. (b) Social Security Number no —

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Beulah C Insley

6(c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) 7-17-1889

8. AGE:

Years	Months	Days	If less than one day
50	3	10	hrs. min.

9. Birthplace Dor Co Md (Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business House

FATHER 12. Name Alexander Mitchell

13. Birthplace Md

MOTHER 14. Maiden name Drucilla Wright

15. Birthplace Md

16. Informant Mrs Beulah Mitchell

Address Cambridge Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/29/39 (month) (day) (year)

Cemetery or crematory East New Mkt

Location East New Mkt Md

18. Funeral director G S LeCompte

Address Cambridge Md

19. 10-28 1939 John Moore Jr.

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 27 1939, at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from I pronounced him dead 19 to 19, and that I last saw h alive on Oct. 27 1939 10:30 A M

Immediate cause of death Angina Pectoris

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION ~~[illegible]~~ indefinite

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] Hawkes M. D. or other

Address Cambridge Md Date signed 10/28/39.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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NOV 4 1939
U. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09989

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Dorchester Registration Dist. No. 11 C

Village or City Cambridge (WITHIN CORPORATE LIMITS) No. Cambridge-Maryland Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred x yrs. 2 mos. 25 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Roy David North

(a) Residence: No. 105 Franklin St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, end year) July 15, 1939

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	x	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cambridge Maryland
(State or country)

FATHER

13. NAME Willard M. North

14. BIRTHPLACE (city or town)
(State or country) Maryland

MOTHER

15. MAIDEN NAME Wilsie R. Shorter

16. BIRTHPLACE (city or town)
(State or country) Maryland

17. INFORMANT Willard M. North
(Address) 105 Franklin St., Cambridge

18. BURIAL, CREMATION, OR REMOVAL
Place Cambridge Md. Date Oct 13, 1939

19. UNDERTAKER G. S. Le Compte
(Address) Cambridge Md.

20. FILED 10-13, 1939 Jan Meade Jr.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 10 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from x, 19, to x, 19

I last saw h x elive on x, 19; death is said to have occurred on the date stated above, at 7-40 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute Gastro-enteritis — Date of onset Oct. 10

Other Contributory Causes of Importance:

Malnutrition since birth

Name of operation x Date of

What test confirmed diagnosis? Was there an autopsy no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? x

If so, specify

(Signed) Jos. B. Shriver Dep. Med Ex M. D.

(Address) Cambridge Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at **school** or at **home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

09990

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 8 Cross St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) ✓

WITHIN CORPORATE LIMITS

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 8 Cross St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Stillborn Payne

3. (b) Social Security Number

4. Sex: male

5. Color or race: colored

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Oct. 2nd 1939

8. AGE: Years | Months | Days | If less than one day

Stillborn hrs. min.

9. Birthplace Cambridge, Dor. Md.
(Town, county, and state)

10. Usual occupation none

11. Industry or business /

FATHER
12. Name Jesse Payne
13. Birthplace Md.

MOTHER
14. Maiden name Bessie Woolford
15. Birthplace Md.

16. Informant mother

Address 8 Cross St. Camb. Md

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof Oct. 3rd 1939
(month) (day) (year)

Cemetery or crematory Bethel Cem.

Location Cambridge, Md.

18. Funeral director Father - Jesse Payne

Address 8 Cross St. Cambridge, Md

19. 10-3 1939 John Mace Jr.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 2nd 1939, at 10 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10/31 1935, to 10/31 1935, and that I last saw h alive on Next at all 19

Immediate cause of death Stillborn (4 mo)

Due to Cause unknown

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Cambridge, Md. Date signed 10-3-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 4 1939
BUREAU V. E.

09991

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(23)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Lakesville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Lakesville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Hazel Phillips

3. (b) Social Security Number

4. Sex fam'l

5. Color or race colored

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Lloyd W Phillips

6(c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Dec 8 1900

8. AGE: Years 38 Months 10 Days 4 If less than one day ___ hrs. ___ min.

9. Birthplace Crapale nd (Town, county, and state)

10. Usual occupation House work

11. Industry or business

FATHER 12. Name ~~Lode~~ Mvde Foster

13. Birthplace Crapale

MOTHER 14. Maiden name Minnie Todd

15. Birthplace Lake nd

16. Informant Lloyd W Phillips

Address Church Creek

17. Warfield (Burial, cremation, or removal. Which?) Date thereof Oct 15 1939 (month) (day) (year)

Cemetery or crematory Warfield Cem

Location Lakesville nd. Dor. Co.

18. Funeral director Lennis H Baynum

Address Cambridge nd

19. 10-14 1939 John Mace Jr. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 12 1939, at 5P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 24 1939 to Oct 12 1939, and that I last saw h or alive on Oct 9, 1939

Immediate cause of death Tuberculosis of the respiratory system. DURATION 2 yrs

Due to

Due to

Other conditions none

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide 0 10 Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John Schneider M.D. or other

Address Cambridge, Md Date signed Oct 14, 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 4 1939
BUREAU Y. S.

09992

STATE OF MARYLAND—CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

County Dorchester Registration Dist. No. 111

Village or City Hawkeye Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 82 mos. — ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Pinkett If U. S. Veteran, specify WAR

(a) Residence: No. Hawkey Hawkeye St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Colored

5. ~~SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)~~: married

5a. If married, widowed, ~~or divorced~~ HUSBAND of ~~(or) WIFE of~~: Caaroline Holland

6. DATE OF BIRTH (month, day, and year): dont know

7. AGE: Years 82 | Months — | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Ralph Pinkett

14. BIRTHPLACE (city or town) (State or country): Maryand

MOTHER

15. MAIDEN NAME: Cristina Thompson

16. BIRTHPLACE (city or town) (State or country): Maryand

17. INFORMANT (Address): Albert Pinkett Hawkeye Md

18. BURIAL, CREMATION, OR REMOVAL Place: Thompson Oct 16, 1939

19. UNDERTAKER (Address): H H Willoughby E N Market Md

20. FILED Oct 16, 1939 H. E. Parker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 14 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1939, to Oct 14, 1939

I last saw him alive on Sept 22, 1939; death is said to have occurred on the date stated above, at 69 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
~~Chr~~ Myocardial degeneration	?
Other Contributory Causes of importance: arteriosclerosis	?

Name of operation: none Date of

What test confirmed diagnosis? Clinical Signs Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? no Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Jim Schneider M. D.

(Address) Cambridge, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09993

1. PLACE OF DEATH

(119)

WITHIN CORPORATE LIMITS

County Dorchester Registration Dist. No. 116

Village or City Cambridge Maryland Hospital No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Jacob Robbins

(a) Residence: No. Robbins, Maryland St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Jan. 30th, 1939

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ✓

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Robbins, Maryland

FATHER

13. NAME Cecil Robbins

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ruth Robbins

16. BIRTHPLACE (city or town) (State or country) Robbins, Maryland Maryland

17. INFORMANT (Address) Jacob Robbins Robbins Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Robbins Md Date 10/5, 1939

19. UNDERTAKER (Address) G. S. Le Compte Cambridge, Md.

20. FILED Nov. 18th, 1939 John Mace Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October 3rd, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from September 19th, 1939, to October 3rd, 1939

I last saw him alive on October 3rd, 1939; death is said to have occurred on the date stated above, at 8:45 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Gastro-enteritis	Sept 12. 1939

Other Contributory Causes of importance: malnutrition

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury none

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) [signature] M. D.

(Address) Cambridge, Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

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V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73-C) (CP)

09994

CERTIFICATE OF DEATH

Reg. Dist. No. 11-2

1. PLACE OF DEATH:

County Dorchester

City or town Hurlock - Rural Near Ellwood

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 2 months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Delaware County Sussex

City or town Bridgeville - Rural Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Dublin Hill

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Judge Simms

3. (b) Social Security Number —

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Colored	Widowed

6 (b) Name of husband or wife Priscilla Simms

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) September 17, 1875

8. AGE: Years 64 | Months - | Days 24 | If less than one day ____ hrs. ____ min.

9. Birthplace Dorchester County, Maryland (Town, county, and state)

10. Usual occupation Farm Laborer

11. Industry or business Farm

FATHER 12. Name No data

FATHER 13. Birthplace

MOTHER 14. Maiden name Millie Simms

MOTHER 15. Birthplace Dorchester County, Maryland

16. Informant Lulu Simms

Address Hurlock, Maryland, R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 15, 1939 (month) (day) (year)

Cemetery or crematory St. Paul Cemetery

Location Near Federalsburg, Maryland

18. Funeral director J. J. Frampton & Son

Address Federalsburg, Maryland

19 Oct 14 — 1939 Chas W. Keating

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 11 1939, at 1:45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 3 1939, to October 11 1939, and that I last saw h- him alive on October 6 1939

Immediate cause of death	DURATION
Cardiac Decompensation	12 days
Due to Chronic Myocarditis	?
Due to	
Other conditions Right Hemeplegia	6 months

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Thos. B. Plummer M. D. or other

Address Reese, Maryland Date signed 10/13/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (74)

09995

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Race St Ext

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 3 days

WITHIN CORPORATE LIMITS

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Dorchester

City or town Taylors Island Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. —

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Annie Mary Gladden

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Chas E Gladden

6(c) If e1ive, give age 73 years

7. Birth date of deceased (mo., day, yr.) 11-29-1872

8. AGE: Years 66 | Months 10 | Days 18 | If less than one day ____hrs. ____min.

9. Birthplace Taylors Island (Town, county, and state)

10. Usual occupation Home Maker

11. Industry or business Home

FATHER 12. Name Moses Nagy

13. Birthplace Md

MOTHER 14. Maiden name Caroline Race

15. Birthplace Md

16. Informant Mrs Spicer Bell

Address Hurlock Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/19/39 (month) (day) (year)

Cemetery or crematory Dar Mem Park

Location Cambridge Md

18. Funeral director G S L Knapp

Address Cambridge Md

19. 10-18-1939 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 17 1939, at 6 a.m. P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 15 1939, to Oct 17 1939, and that I last saw h-- alive on Oct 17 1939.

	DURATION
Immediate cause of death Coronary Thrombosis	1 day
Due to Hypertension	5 yrs
Due to	
Other conditions Hepatic Colic	3 days

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE Jos. K. Shriver M.D. M. D. or other

Address Cambridge Md Date signed Oct 19 39

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

09996

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) +

WITHIN CORPORATE LIMITS OF

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Ward No. 1

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 108 Choptank

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Sarah Emma Slocum

3. (b) Social Security Number ✓

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Lots L. Frank Slocum

— 6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 3-31-1862

8. AGE: Years 77 Months 6 Days 13 If less than one day ____ hrs. ____ min.

9. Birthplace Dor. Co Md (Town, county, and state)

10. Usual occupation none

11. Industry or business —

FATHER 12. Name John Mills

13. Birthplace Md

MOTHER 14. Maiden name Sarah Palmer

15. Birthplace Md

16. Informant Mrs Lottie Slocum

Address Cambridge Md

17. Burial (Burial, cremation, or removal, Which?) Date thereof 10/16/39 (month) (day) (year)

Cemetery or crematory Green Lawn

Location Cambridge Md

18. Funeral director G S LeCompte

Address Cambridge Md

19. 10-16 1936 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 13 1939, at 5 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 11 1939 to Oct 13 1939, and that I last saw her alive on Oct. 13 1939.

Immediate cause of death Myocardial insufficiency with acute dilatation — DURATION Oct. 13, 1939

Due to Hypertensive cardio-vascular renal disease — June 1937

Due to

Other conditions arterio-sclerotic heart disease

(Include pregnancy within 8 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wylie M Faw M. D. M. D. or other

Address Cambridge Md. Date signed Oct. 16/39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (82-a)

09997

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
County: Dorchester Co
City or town: Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Washington St
Stay in hospital or inst. (yrs., or mos., or days): no
Stay in this community (yrs., or mos., or days): all Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Dorchester
City or town: Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: ~~Rural~~ Washington St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Thomas Spicer

3. (b) Social Security Number: none

4. Sex: Mal
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Lizzie Spicer
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Dont known 1852
8. AGE: Years 84 | Months | Days | If less than one day ____ hrs. ____ min.
9. Birthplace: Lakewill nd (Town, county, and state)
10. Usual occupation: Labor
11. Industry or business: no
FATHER
12. Name: Samuel Spicer
13. Birthplace: md
MOTHER
14. Maiden name: Dont known
15. Birthplace: nd
16. Informant: Lizzie Spicer
Address: 123 Washington St.
17. Cambridge (Burial, cremation, or removal. Which?) Date thereof: nov 6 1939 (month) (day) (year)
Cemetery or crematory: Cambridge
Location: Cambridge nd
18. Funeral director: Lewis H Raynor
Address: Cambridge nd
19. 10-31 1939 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 30 1939, at 6:30 p M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 24 1939 to Oct 30 1939, and that I last saw him alive on Oct 19__

Immediate cause of death	DURATION
Cerebral Hemorrhage	10-24-39
Due to Hypertension	1936
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: Carroll M St Clair M. D. or other
Address: Inn & Cedar St Date signed 10-31-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 4 1939
BUREAU V. S.

627

STATE OF MARYLAND—CERTIFICATE OF DEATH

09998

1. PLACE OF DEATH

County Dorchester Registration Dist. No. 116

Village or City Church Creek No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 4 mos. 21 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William Emerson Stanley

(a) Residence: No. Church Creek St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE C

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) May 14-1939

7. AGE Years — Months 4 Days 21 If LESS than 1 day, — hrs. or — min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George Edward Stanley

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Anna Travers

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Geo E. Stanley (Address) Church Creek

18. BURIAL, CREMATION, OR REMOVAL Place Meekins Neck Church Creek Date Oct 6th, 1939

19. UNDERTAKER George E. Stanley (Address)

20. FILED 10-5, 1939 John Mace Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 5 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1939, to Oct 5, 1939

I last saw him alive on Oct 3, 1939; death is said to have occurred on the date stated above, at 8-30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Enteritis	Sept 28

Other Contributory Causes of Importance:

La Griffe	Sept 23

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Jos. K. Shriver M. D.

(Address) Cambridge Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

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V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	**Date of onset**	**The principal cause of death and related causes of importance were as follows:**	**Date of onset**
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		**Other contributory causes of importance:**	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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NOV 4 1929
U.S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94-C)

09999

CERTIFICATE OF DEATH

Reg. Dist. No. 119

1. PLACE OF DEATH:

County Dorchester

City or town Toddville Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: ✓

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Toddville Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. ✓

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Rosie A Todd

3. (b) Social Security Number ✓

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Late Ransome A Todd

✓ 6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.): 8-6-1862

8. AGE: Years 77 | Months 2 | Days 17 | If less than one day ____ hrs. ____ min.

9. Birthplace: Toddville Md (Town, county, and state)

10. Usual occupation: House Wife

11. Industry or business: Home

FATHER

12. Name: Zakrish Todd

13. Birthplace: Toddville Md

MOTHER

14. Maiden name: Rose Anna Hansemon

15. Birthplace: Toddville Md

16. Informant: Mrs Ovy Todd

Address: Toddville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/25/39 (month) (day) (year)

Cemetery or crematory: Family

Location: Toddville Md

18. Funeral director: G S LeCompte

Address: Cambridge Md

19. 10/25/ 1939 (Date rec'd by registrar) Wilson D Pritchett Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 23 1939, at 2:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 19th 1939, to Oct 23rd 1939, and that I last saw her alive on Oct 23rd 1939.

Immediate cause of death: Paralysis of Heart

DURATION

Primary cause: Coronary thrombosis.

Due to Duration: three years. C.W.G.R.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE F. L. Clymer M. D. or other

Address Bishop Head Date signed Oct 24 1939

RECEIVED
NOV 7 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10000

1. PLACE OF DEATH

County Dorchester Registration Dist. No. 110

Village or City Hurlock No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Eugene A. Price If U. S. Veteran, specify WAR

(a) Residence: No. Same St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary Price

6. DATE OF BIRTH (month, day, and year) Oct 14 1850

7. AGE: Years 88 | Months 11 | Days 21 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Ellac Price

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Eliza Parker

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Mrs Walter Harper Hurlock

18. BURIAL, CREMATION, OR REMOVAL Place Hurlock Date Oct 7 1939

19. UNDERTAKER (Address) F. B. Willoughby Hurlock

20. FILED Oct 7, 1939 Chas W Gislings Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 5 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 9/28, 1939 to Oct 5th, 1939

I last saw him alive on 9/30/39, 19___; death is said to have occurred on the date stated above, at 1:39 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Bacillary Dysentery + Arterio + sclerosis

Date of onset

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G Roger Myers M. D.

(Address) Hurlock Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED NOV 7 1927 BUREAU

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

10001

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Dorchester Registration Dist. No. 116

Village or City Cambridge No. Eastern Shore State Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 1 mos. 19 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Emily Owen House Tucker If U. S. Veteran, specify WAR

(a) Residence: No. Shadyside Anne Arundel Co. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of: Tucker

6. DATE OF BIRTH (month, day, and year): Aug 3 1852

7. AGE: Years 87 Months 2 Days 7 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Prince George's Co. Maryland

FATHER

13. NAME: Zachary House

14. BIRTHPLACE (city or town) (State or country): Prince George's Co Maryland

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Prince George's Co Maryland

17. INFORMANT (Address): Hospital Records State Hospital Cambridge Md.

18. BURIAL, CREMATION, OR REMOVAL Place: Shadyside Md Date: Oct 11, 1939

19. UNDERTAKER (Address): T. A. Hardisty & Son Galesville, Md.

20. FILED 10-11, 1939 John Mace Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 10 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1939, to Oct 10, 1939.

I last saw her elive on Oct 10, 1939; death is said to have occurred on the date stated above, at 8:00 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Myocardial Failure	
Chronic Myocarditis	March
Generalized Arteriosclerosis	1939.

Other Contributory Causes of Importance:

Senile Psychosis	March
Cerebral Arteriosclerosis	1939.

Name of operation: none Date of: —

What test confirmed diagnosis? Physical & Lab Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Kenneth B. Jones M. D.

(Address) Cambridge Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (12)

CERTIFICATE OF DEATH

10002

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 30

WITHIN CORPORATE LIMITS OF

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge Ward No. 1
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Uptown Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Carlin N. Tyler

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

B (b) Name of husband or wife Susan Tyler

B(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 10-22-1857

8. AGE:

Years	Months	Days	If less than one day
81	11	20	hrs. min.

9. Birthplace Hooper Island
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden name —
15. Birthplace —

16. Informant Mrs Geo Longwell
Address Cambridge Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/14/39 (month) (day) (year)
Cemetery or crematory Cambridge
Location Cambridge Md

18. Funeral director G S La Compte
Address Cambridge Md

19. 10-14 1939 John Mace Jr.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 15 1939, at 6.30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1939 to Oct 15 1939, and that I last saw him alive on Oct 15 1939.

Immediate cause of death	DURATION
Chronic Myocarditis	5 yrs
Due to Hypertension	8 to 10 yrs
Due to Primary carcinoma of skin. cut R.	
Other conditions Carcinomatosis	
Duration: Eight to ten years.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Masses palpable in abdomen for a year or so.
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Jos K. Shriver M.D.
M. D. or other
Address Cambridge Md Date signed Oct 14/39

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NOV 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10003

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 226 Gilkins St.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 25 —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge Ward No. 4
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 226 Gilkins, Md.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No.

3. (a) FULL NAME John Thos Nicley

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Victoria Shorter

6(c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) 7-18-1876

8. AGE: Years 63 | Months 2 | Days 15 | If less than one day ____ hrs. ____ min.

9. Birthplace Cambridge, Md (Town, county, and state)

10. Usual occupation Waterman

11. Industry or business Boat

FATHER
12. Name Wm A Nicley
13. Birthplace Cambridge Md

MOTHER
14. Maiden name Rebecca Parker
15. Birthplace Cambridge Md

16. Informant Mrs Victoria Nicley
Address Cambridge Md

17. Burial — Date thereof Oct 5, 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Dorchester Mem. Park
Location Cambridge, Md

18. Funeral director G S LeCompte
Address Cambridge, Md.

19. 10-4-1939 John Mace Jr.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 3 1939, at 6:05 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 30. 1939, to Oct 3. 1939.
and that I last saw h[illegible] alive on October. 3 1939.

Immediate cause of death	DURATION
(a) Acute Myocardial Decompensation	2 days.
Due to (b) Hypertension Cardiovascular Disease	
Due to (c) Generalized Arteriosclerosis.	
Other conditions Chronic Nephritis.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE M. E. Rawls M. D. or other
Address Cambridge, Md. Date signed 10/3/39

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NOV 4 1939
BUREAU V. S.

10004

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Dorchester Registration Dist. No. 116

Village or City Cambridge No. State Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 9 yrs. 2 mos. 7 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Alfred T. Wilson If U. S. Veteran, specify WAR

(a) Residence: No. Calvert Maryland St., Ward. (Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) May 20 1869

7. AGE: Years 70 | Months 5 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (city or town) (State or country) Unknown Maryland

FATHER

13. NAME William Wilson

14. BIRTHPLACE (city or town) (State or country) Delaware

MOTHER

15. MAIDEN NAME Mary Taylor

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Hospital Records State Hosp. Cambridge

18. BURIAL, CREMATION, OR REMOVAL Place Calvert, Md. Date Nov 1, 1939

19. UNDERTAKER (Address) Ralph Reed Rising Sun, Md.

20. FILED 10-30, 1939 John Mace Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 29 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1938, to Oct 29, 1939. I last saw him alive on Oct 29, 1939; death is said to have occurred on the date stated above, at 8 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	May 11 1938
Other Contributory Causes of Importance: Arteriosclerosis and Arteriosclerotic Heart Disease	May 11 1938

Name of operation None Date of

What test confirmed diagnosis? Physical Sign Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Kenneth B. Jones M. D.

(Address) Cambridge Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

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V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED NOV 4 1933 STATE OF UTAH

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (82-0) Reg. Dist. No. 119

CERTIFICATE OF DEATH

10005

1. PLACE OF DEATH:
(a) County Dorchester
(b) City or town Wingate Md
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 76-
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Dorchester
(c) City or town Wingate
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Millard Mead Wingate Social Security No.

3 (b) If veteran, name war /

3 (c) Social Security No.

4. Sex male | 5. Color or race white | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Cornelia McKamey

6. (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) 6-13-1863

8. AGE: Years 76 | Months 7 | Days 28 | If less than one day ____hr. ____min.

9. Birthplace Bishop's Head
(Town, county, and state)

10. Usual occupation Farmer and

11. Industry or business Merchant

FATHER 12. Name William Wingate
13. Birthplace Wingate Dor Co Md

MOTHER 14. Maiden Name Elizabeth Robinson
15. Birthplace Woodville Md.

16 (a) Informant Cornelia Wingate
(b) Address Wingate Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 39 (month) (day) (year)
(c) Cemetery or crematory Cemetery
Location Wingate

18 (a) Funeral director Granville Lecompte
(b) Address Cambridge Md

19 (a) Oct 12 39 (Date rec'd by registrar) (b) Wilbur D. Pritchett Registrar

MEDICAL CERTIFICATION

20. Date of death October 11 1939 at 12 Noon M

21. I certify that death occurred on the date above stated; that I attended deceased from ____19____, to ____19____, and that I last saw him alive on ____19____.

Immediate cause of death Apoplexy	Duration
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underlins the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr F. L. Clymer M. D. or other
Address Bishop Head Date signed

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 5 1930
BUREAU V. S.

10006

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Dorchester Registration Dist. No. 116

Village or City Cambridge, Md. No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James Everett Wright If U. S. Veteran, specify WAR

(a) Residence: No. 17 Mines St. St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jennie Reese

6. DATE OF BIRTH (month, day, and year): April 24, 1870

7. AGE: Years 69 | Months 5 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Hardware Clerk

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year): 1936

11. Total time (years) spent in this occupation: 30 yrs

12. BIRTHPLACE (city or town) (State or country): Cambridge R.F.D. Md.

FATHER

13. NAME: Thomas J. Wright

14. BIRTHPLACE (city or town) (State or country): Cambridge R.F.D. Md

MOTHER

15. MAIDEN NAME: Mary A. Rhea

16. BIRTHPLACE (city or town) (State or country): Cambridge R.F.D. Md.

17. INFORMANT (Address): Mrs. Jennie Wright, Cambridge Md

18. BURIAL, CREMATION, OR REMOVAL
Place: Cambridge, Md. Date: Oct 22, 1939

19. UNDERTAKER (Address): Frank E. Albaugh, Cambridge Md.

20. FILED 10-21, 1939 John Mace Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 20 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 ; I last saw h elive on , 19 ; death is said to have occurred on the date stated above, at 9 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral arteriosclerosis	July 1929

Other Contributory Causes of importance:

Name of operation: none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? no Date of injury , 19

Where did injury occur? —
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Guy State M. D.

(Address) Cambridge Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT REC[illegible] Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between retail **merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN